

CONFIDENTIAL

Reservoir High School Music

Emergency Procedure/Health Information

SCHOOL YEAR 20 to 20

USE ONE FORM FOR EACH STUDENT



LAST Name:

Address:

State/Province:

Zip:

Home phone:

First Name:

email:

Cell phone:

Birth Date:

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Parent/Guardian Information (use if different from above).

Use MM/DD/YYYY format for Birth Date.

Mother Name:

Address:

State/Province:

Zip:

Home Phone:

Cell Phone:

email:

Father Name:

Address:

State/Province:

Zip:

Home Phone:

Cell Phone:

email:

IN THE EVENT OF MEDICAL URGENCY, PARENTS WILL BE NOTIFIED FIRST. EMERGENCY SITUATIONS WILL BE TAKEN TO THE CLOSEST HOSPITAL. PARENTS WILL BE NOTIFIED AS SOON AS POSSIBLE. PLEASE PROVIDE AN ADDITIONAL CONTACT.

Name:

Phone:

HEALTH INFORMATION (Feel free to discuss any information on this form with the Trip Nurse.)

Health Conditions/Limitations:

Allergies (list allergen and reaction):

Dietary restrictions

If any medications are to be administered during the trip, you must complete the separate MEDICATION FORM. The MEDICATION FORM must be signed by a licensed independent practitioner - MD or CRNP.

Physician Name:

Phone:

Permission is granted for treatment of the above-named student in his/her best interests for any medical emergency.

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/20____

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AFFIX COPY OF INSURANCE CARD - BACK